BRANDS / LABELS TO BE SHIPPED UNDER SPECIAL ORDER SHIPPING LICENSE

(This form must be completed and submitted with initial application and prior to additional brands/labels being shipped)

NAME OF WINERY		ADDRESS	
CITY		STATE / ZIP	
	COMPLETE THE F	FOLLOWING IN FULL	
		ND / LABEL NAME ohabetical Order)	% OF ALCOHOL CONTENT BY VOLUME
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	11.		
	12.		
	13.		
	14.		
	15.		
ATTACH A CLEAR COPY OF THE BATF LABEL APPROVAL FOR EACH BRAND / LABEL LISTED.			
HAVE THE WINES LISTED ABOVE BEEN PREVIOUSLY SHIPPED TO A WHOLESALE DISTRIBUTOR IN THE STATE OF GEORGIA? YES NO IF YES, LIST THE WHOLESALE DISTRIBUTOR(S) TO WHOM THE BRAND(S) WERE ASSIGNED			
THE WINE BRANDS / LABELS LISTED ABOVE CANNOT BE SHIPPED TO CONSUMERS IN THE STATE OF GEORGIA UNTIL THE WINERY HAS BEEN ISSUED A SPECIAL ORDER SHIPPING LICENSE AND A STAMPED APPROVED COPY OF THIS FORM FROM THE GEORGIA DEPARTMENT OF REVENUE, ALCOHOL & TOBACCO DIVISION.			
Signature Section (must be signed by the owner, a partner, a corporate officer or LLC member):			
Si	gnature	Title	Date